

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

MeidasTouch

ADDRESS (number and street)

644 S. Figueroa St.

Check if different  
than previously  
reported. (ACC)

Los Angeles

CA

90017

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00746073

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Meiselas, Brett, Meiselas, ,

Type or Print Name of Treasurer

Signature of Treasurer

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MeidasTouch

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2020

To:

 M M / D D / Y Y Y Y Y  
 05 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	26057.50	26057.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	26057.50	26057.50
7. Total Disbursements (from Line 31).....	932.79	932.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	25124.71	25124.71
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	741.44	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**MeidasTouch**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2300.00	2300.00
(ii) Unitemized .....	23757.50	23757.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	26057.50	26057.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	26057.50	26057.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	26057.50	26057.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26057.50	26057.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	932.79	932.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	932.79	932.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	932.79	932.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	932.79	932.79

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	26057.50	26057.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26057.50	26057.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	932.79	932.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	932.79	932.79

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XA

Transaction ID :

We are amending this report because on July 13, 2020, we officially changed our filing status from monthly to quarterly. As such, we need to file our first Quarterly Report today and the FEC efilng system is not allowing me to file a new Quarterly Report with overlapping dates.

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MeidasTouch

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Albarano, James, , ,

Mailing Address 919 N Evergreen St

City  
BurbankState  
CAZip Code  
91505-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2020

Transaction ID : 1608377

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23528.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2020

Transaction ID : 1608377E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Albarano, James, , ,

Mailing Address 919 N Evergreen St

City

Burbank

State

CA

Zip Code

91505-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2020

Transaction ID : 1608801

Amount of Each Receipt this Period

1000.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MeidasTouch

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

23528.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2020

Transaction ID : 1608801E

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Armen, David, , ,**Mailing Address 4341 Redwood Ave  
Unit 8

City

Marina Del Rey

State

CA

Zip Code

90292-7646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2020

Transaction ID : 1608362

Amount of Each Receipt this Period

200.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

23528.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2020

Transaction ID : 1608362E

Amount of Each Receipt this Period

200.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶

200.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MeidasTouch**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Armen, David, , ,**

Mailing Address 4341 Redwood Ave  
Unit 8

City  
Marina Del Rey

State  
CA

Zip Code  
90292-7646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
05 / 23 / 2020

**Transaction ID : 1608402**

Amount of Each Receipt this Period

200.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City  
West Somerville

State  
MA

Zip Code  
02144-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23528.67

Date of Receipt

MM / DD / YYYY  
05 / 24 / 2020

**Transaction ID : 1608402E**

Amount of Each Receipt this Period

200.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Armen, David, , ,**

Mailing Address 4341 Redwood Ave  
Unit 8

City  
Marina Del Rey

State  
CA

Zip Code  
90292-7646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 28 / 2020

**Transaction ID : 1608734**

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MeidasTouch**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

23528.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2020

**Transaction ID : 1608734E**

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Knapp, David, , ,**

Mailing Address 749 Bayonne St

City

El Segundo

State

CA

Zip Code

90245-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2020

**Transaction ID : 1608083**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

23528.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2020

**Transaction ID : 1608083E**

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 65

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MeidasTouch**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Knapp, David, , ,**

Mailing Address 749 Bayonne St

City  
El Segundo

State  
CA

Zip Code  
90245-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

05 / 17 / 2020

**Transaction ID : 1608137**

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City  
West Somerville

State  
MA

Zip Code  
02144-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23528.67

Date of Receipt

05 / 17 / 2020

**Transaction ID : 1608137E**

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Knapp, David, , ,**

Mailing Address 749 Bayonne St

City  
El Segundo

State  
CA

Zip Code  
90245-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 20 / 2020

**Transaction ID : 1608159**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MeidasTouch**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23528.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2020

**Transaction ID : 1608159E**

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Knapp, David, , ,**

Mailing Address 749 Bayonne St

City

El Segundo

State

CA

Zip Code

90245-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2020

**Transaction ID : 1608738**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

23528.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2020

**Transaction ID : 1608738E**

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MeidasTouch

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moore, Rebecca J, , ,

Mailing Address 10562 Carr Rd

City  
BismarckState  
MOZip Code  
63624-9234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2020

Transaction ID : 1608652

Amount of Each Receipt this Period

300.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23528.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2020

Transaction ID : 1608652E

Amount of Each Receipt this Period

300.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Porush, Jonathan, , ,

Mailing Address 200 E Palmetto Park Rd

City  
Boca RatonState  
FLZip Code  
33432-5623FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self employedOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2020

Transaction ID : 1608766

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

400.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MeidasTouch**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23528.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2020

**Transaction ID : 1608766E**

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Porush, Jonathan, , ,**

Mailing Address 200 E Palmetto Park Rd

City

Boca Raton

State

FL

Zip Code

33432-5623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self employed

Occupation (for Individual)

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2020

**Transaction ID : 1608767**

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

23528.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2020

**Transaction ID : 1608767E**

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

2300.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 65

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MeidasTouch

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500000000

Amount of Each Disbursement this Period

136.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500000001

Amount of Each Disbursement this Period

309.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500000002

Amount of Each Disbursement this Period

486.97

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

932.79

932.79

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Benjamin, , ,

Nature of Debt (Purpose):  
Website & EmailMailing Address 801 S Olive St  
Apt 2901City  
Los AngelesState  
CAZip Code  
90014-3037

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000001

Amount Incurred This Period

13.94

Payment This Period

0.00

Outstanding Balance at Close of This Period

13.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Benjamin, , ,

Nature of Debt (Purpose):  
Website & EmailMailing Address 801 S Olive St  
Apt 2901City  
Los AngelesState  
CAZip Code  
90014-3037

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000002

Amount Incurred This Period

33.89

Payment This Period

0.00

Outstanding Balance at Close of This Period

33.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Benjamin, , ,

Nature of Debt (Purpose):  
Website & EmailMailing Address 801 S Olive St  
Apt 2901City  
Los AngelesState  
CAZip Code  
90014-3037

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000003

Amount Incurred This Period

49.76

Payment This Period

0.00

Outstanding Balance at Close of This Period

49.76

1) **SUBTOTALS** This Period This Page (optional)..... ►

97.59

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Benjamin, , ,

Nature of Debt (Purpose):  
Website & EmailMailing Address 801 S Olive St  
Apt 2901City  
Los AngelesState  
CAZip Code  
90014-3037

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000004

Amount Incurred This Period

49.76

Payment This Period

0.00

Outstanding Balance at Close of This Period

49.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Benjamin, , ,

Nature of Debt (Purpose):  
Website & EmailMailing Address 801 S Olive St  
Apt 2901City  
Los AngelesState  
CAZip Code  
90014-3037

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000005

Amount Incurred This Period

13.94

Payment This Period

0.00

Outstanding Balance at Close of This Period

13.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Benjamin, , ,

Nature of Debt (Purpose):  
Website & EmailMailing Address 801 S Olive St  
Apt 2901City  
Los AngelesState  
CAZip Code  
90014-3037

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000006

Amount Incurred This Period

12.92

Payment This Period

0.00

Outstanding Balance at Close of This Period

12.92

1) **SUBTOTALS** This Period This Page (optional)..... ►

76.62

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Benjamin, , ,

Nature of Debt (Purpose):  
Website & EmailMailing Address 801 S Olive St  
Apt 2901City  
Los AngelesState  
CAZip Code  
90014-3037

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000008

Amount Incurred This Period

12.88

Payment This Period

0.00

Outstanding Balance at Close of This Period

12.88

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Benjamin, , ,

Nature of Debt (Purpose):  
Website & EmailMailing Address 801 S Olive St  
Apt 2901City  
Los AngelesState  
CAZip Code  
90014-3037

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000009

Amount Incurred This Period

12.71

Payment This Period

0.00

Outstanding Balance at Close of This Period

12.71

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Benjamin, , ,

Nature of Debt (Purpose):  
Website & EmailMailing Address 801 S Olive St  
Apt 2901City  
Los AngelesState  
CAZip Code  
90014-3037

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000010

Amount Incurred This Period

12.64

Payment This Period

0.00

Outstanding Balance at Close of This Period

12.64

1) **SUBTOTALS** This Period This Page (optional)..... ►

38.23

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000015

Amount Incurred This Period

1.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000016

Amount Incurred This Period

1.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000024

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 20 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000017

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000018

Amount Incurred This Period

17.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000019

Amount Incurred This Period

19.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

40.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000020

Amount Incurred This Period

2.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000021

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000022

Amount Incurred This Period

2.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

8.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 22 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000023

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000025

Amount Incurred This Period

20.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000026

Amount Incurred This Period

2.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

26.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 23 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000027

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000028

Amount Incurred This Period

25.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000029

Amount Incurred This Period

10.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

39.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 24 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000030

Amount Incurred This Period

1.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000031

Amount Incurred This Period

2.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000032

Amount Incurred This Period

2.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 25 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000034

Amount Incurred This Period

19.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000035

Amount Incurred This Period

2.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000036

Amount Incurred This Period

6.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

27.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 26 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000037

Amount Incurred This Period

35.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000042

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000038

Amount Incurred This Period

24.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

24.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

63.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 27 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000039

Amount Incurred This Period

3.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000040

Amount Incurred This Period

3.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000041

Amount Incurred This Period

1.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.00

1) SUBTOTALS This Period This Page (optional)..... ►

7.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000043

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000044

Amount Incurred This Period

22.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000045

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

30.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000046

Amount Incurred This Period

45.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000047

Amount Incurred This Period

7.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000048

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

56.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000049

Amount Incurred This Period

16.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000050

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000051

Amount Incurred This Period

23.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

43.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 31 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000052

Amount Incurred This Period

2.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000053

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000054

Amount Incurred This Period

25.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

1) SUBTOTALS This Period This Page (optional)..... ►

31.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 32 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000055

Amount Incurred This Period

2.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000056

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000057

Amount Incurred This Period

25.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

31.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 33 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000058

Amount Incurred This Period

3.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000059

Amount Incurred This Period

2.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000060

Amount Incurred This Period

2.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

7.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000061

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000062

Amount Incurred This Period

16.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000063

Amount Incurred This Period

27.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

47.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 35 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000064

Amount Incurred This Period

12.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000065

Amount Incurred This Period

15.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000066

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

1) SUBTOTALS This Period This Page (optional)..... ►

31.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 36 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000012

Amount Incurred This Period

8.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000033

Amount Incurred This Period

2.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000067

Amount Incurred This Period

4.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

14.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 OF 65

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MeidasTouch

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000068

Amount Incurred This Period

16.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meiselas, Brett, , ,

Nature of Debt (Purpose):  
Online Video

Mailing Address 11140 Sylvan St

City

North Hollywood

State

CA

Zip Code

91606-3714

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000074

Amount Incurred This Period

2.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

18.00

2) TOTALS This Period (last page this line number only)..... ►

741.44

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

741.44

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 38 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D D

Y Y Y Y Y Y

Full Name of Payee <b>Meiselas, Brett, , ,</b>			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.00</div>		
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000003</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Online Video			Category/ Type		
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Meiselas, Brett, , ,</b>			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.00</div>		
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000005</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Online Video			Category/ Type		
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 39 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">4.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000066</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Video		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>TRUMP, DONALD, J., ,</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">529.00</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">4.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000066</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Video		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>TRUMP, DONALD, J., ,</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">529.00</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

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Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 40 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b>    C00746073       </div>
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 Check if ☐ 24-hour report    ☐ 48-hour report    **▶**    New report    Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y  04 / 22 / 2020 </div>	
Mailing Address    11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">17.00</span> </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>500000007</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y    /   /   </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> <b>TRUMP, DONALD, J., ,</b> <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">529.00</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y  04 / 22 / 2020 </div>	
Mailing Address    11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">19.00</span> </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>500000008</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y    /   /   </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> <b>TRUMP, DONALD, J., ,</b> <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">529.00</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2020

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 41 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00746073
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on  /  / 

Full Name of Payee <b>Meiselas, Brett, , ,</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 11140 Sylvan St				Amount <input type="text"/> 2.00	
City North Hollywood	State CA	Zip Code 91606-3714		Transaction ID : 500000009	
Purpose of Expenditure Online Video			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: US
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 529.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Meiselas, Brett, , ,</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 11140 Sylvan St				Amount <input type="text"/> 4.00	
City North Hollywood	State CA	Zip Code 91606-3714		Transaction ID : 500000010	
Purpose of Expenditure Online Video			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: US
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 529.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

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 07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 42 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px; display: inline-block;"> </span>	Transaction ID : 500000011 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> <span> </span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div></span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px; display: inline-block;"> </span>	Transaction ID : 500000012 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> <span> </span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div></span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 43 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px; display: inline-block;"> </span>	Transaction ID : 500000013 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px; display: inline-block;"> </span>	Transaction ID : 500000014 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 44 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000015</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Video			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">529.00</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">529.00</div>	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000016</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Video			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">529.00</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">529.00</div>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 45 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000017</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure Online Video		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President    District: 00 <input type="checkbox"/> Senate    State: US	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General    2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000018</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure Online Video		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President    District: 00 <input type="checkbox"/> Senate    State: US	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General    2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures .....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 46 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00746073</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000019</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Purpose of Expenditure Online Video			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">529.00</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2020	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000020</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Purpose of Expenditure Online Video			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">529.00</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2020	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

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Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

MM / DD / YYYY

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 47 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00746073
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Meiselas, Brett, , ,</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 22 / 2020	
Mailing Address 11140 Sylvan St			Amount <span style="border: 1px solid black; padding: 2px;">19.00</span>		
City North Hollywood	State CA	Zip Code 91606-3714	Transaction ID : 500000022		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: US
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Meiselas, Brett, , ,</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 22 / 2020	
Mailing Address 11140 Sylvan St			Amount <span style="border: 1px solid black; padding: 2px;">2.00</span>		
City North Hollywood	State CA	Zip Code 91606-3714	Transaction ID : 500000023		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: US
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) TOTAL Independent Expenditures .....	▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2020

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 48 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000024</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Video			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">35.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000025</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Video			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

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Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 49 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b>    C00746073       </div>
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 Check if ☐ 24-hour report    ☐ 48-hour report    **▶**    New report    Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y  04 / 22 / 2020 </div>	
Mailing Address    11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">24.00</span> </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>500000026</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y    /   /   </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">529.00</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y  04 / 22 / 2020 </div>	
Mailing Address    11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">4.00</span> </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>500000031</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y    /   /   </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">529.00</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

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Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 50 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>Meiselas, Brett, , ,</b>			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3.00</div>		
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000027</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Online Video			Category/ Type		
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Meiselas, Brett, , ,</b>			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3.00</div>		
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000028</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Online Video			Category/ Type		
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 51 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>04 / 22 / 2020</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Transaction ID : 500000029 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div> </div> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>04 / 22 / 2020</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Transaction ID : 500000030 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div> </div> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

MM / DD / YYYY

07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 52 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22.00</div> <b>Transaction ID : 500000032</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">529.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.00</div> <b>Transaction ID : 500000033</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">529.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 53 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type	Transaction ID : 500000034 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type	Transaction ID : 500000035 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures .....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

MM / DD / YYYY

07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 54 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00746073
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on  /  / 

Full Name of Payee <b>Meiselas, Brett, , ,</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 11140 Sylvan St				Amount <input type="text"/> 4.00	
City North Hollywood	State CA	Zip Code 91606-3714		Transaction ID : 500000036	
Purpose of Expenditure Online Video			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: US
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 529.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Meiselas, Brett, , ,</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 11140 Sylvan St				Amount <input type="text"/> 16.00	
City North Hollywood	State CA	Zip Code 91606-3714		Transaction ID : 500000037	
Purpose of Expenditure Online Video			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: US
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 529.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

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 07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 55 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00746073</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>4.00</span> </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 0 10px;"> </span>	Transaction ID : <b>500000038</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><span style="border: 1px solid black; padding: 0 10px;"> </span> 529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>23.00</span> </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 0 10px;"> </span>	Transaction ID : <b>500000039</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><span style="border: 1px solid black; padding: 0 10px;"> </span> 529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 0 10px;"> </span> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 0 10px;"> </span>
(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 0 10px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

MM / DD / YYYY

07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 56 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00746073
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Meiselas, Brett, , ,</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 22 / 2020	
Mailing Address 11140 Sylvan St			Amount <span style="border: 1px solid black; padding: 2px;">2.00</span>		
City North Hollywood	State CA	Zip Code 91606-3714	Transaction ID : 500000040		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: US
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Meiselas, Brett, , ,</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 22 / 2020	
Mailing Address 11140 Sylvan St			Amount <span style="border: 1px solid black; padding: 2px;">4.00</span>		
City North Hollywood	State CA	Zip Code 91606-3714	Transaction ID : 500000041		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: US
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2020

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 57 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>04 / 22 / 2020</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type	Transaction ID : 500000042 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>04 / 22 / 2020</div> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type	Transaction ID : 500000043 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures .....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

MM / DD / YYYY

07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 58 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00746073</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;">4.00</span> </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 0 10px;"> </span>	Transaction ID : <b>500000044</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><span style="border: 1px solid black; padding: 0 10px;"> </span> 529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;">25.00</span> </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 0 10px;"> </span>	Transaction ID : <b>500000045</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><span style="border: 1px solid black; padding: 0 10px;"> </span> 529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;">0.00</span> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;"> </span> </div>
(c) TOTAL Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

MM / DD / YYYY

07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 59 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           3.00         </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>500000046</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div></span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           2.00         </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>500000047</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div></span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

MM / DD / YYYY

07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 60 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00746073</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;">2.00</span> </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 0 10px;"> </span>	Transaction ID : <b>500000048</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><span style="border: 1px solid black; padding: 0 10px;"> </span> 529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;">4.00</span> </div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 0 10px;"> </span>	Transaction ID : <b>500000049</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><span style="border: 1px solid black; padding: 0 10px;"> </span> 529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;">0.00</span> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;"> </span> </div>
(c) TOTAL Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

MM / DD / YYYY

07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 61 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : 500000050 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : 500000051 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 62 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : 500000052 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> <span> </span> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : 500000054 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> <span> </span> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block;"> </span>
(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block;"> </span>

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Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 63 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </span>	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y  05 / 27 / 2020 </div>
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15.00 </div> <b>Transaction ID : 500000072</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
City North Hollywood	State CA	Zip Code 91606-3714	
Purpose of Expenditure Online Video		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y  04 / 22 / 2020 </div>
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4.00 </div> <b>Transaction ID : 500000055</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
City North Hollywood	State CA	Zip Code 91606-3714	
Purpose of Expenditure Online Video		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 64 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px; display: inline-block;"> </span>	Transaction ID : <b>500000056</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div></span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714		
Purpose of Expenditure Online Video		Category/ Type <span style="border: 1px solid black; padding: 2px; display: inline-block;"> </span>	Transaction ID : <b>500000057</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div></span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures .....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

07 / 15 / 2020

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 65 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00746073       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>04 / 22 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000058</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Purpose of Expenditure Online Video			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Meiselas, Brett, , ,</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>05 / 31 / 2020</span> </div>	
Mailing Address 11140 Sylvan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.00</div>	
City North Hollywood	State CA	Zip Code 91606-3714	<b>Transaction ID : 500000073</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Purpose of Expenditure Online Video			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">529.00</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>

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Meiselas, Brett, Meiselas, ,

[Electronically Filed]

Date

MM / DD / YYYY

07 / 15 / 2020

Signature